



CAN Dashboard Steering Committee 9/1/2016

Attendees: Caitlin D’Alton (Capital Metro), Korey Darling (ATCHHSD), Hunter Ellinger (CAN Community Council), Darla Gay (Community Justice Council), Marianna Gomez (Central Health), Stephanie Hawley (ACC), Louise Lynch (ATCIC), Amy Price (United Way 211), Simon Tidd (E3 Alliance), Jonathan Tomko (Austin NHCD)

Staff in Attendance: Raul Alvarez, Mary Dodd, Carlos Soto

Welcome and Introductions: Louise Lynch called the meeting to order at 2:01 pm. Dashboard Steering Committee members introduced themselves.

Approval of minutes: The Committee reviewed and approved minutes of the July 7, 2016 meeting with one edit: the committee agreed to adopt the changes to the Vision Statements as recommended by the “We are safe, just and engaged” subcommittee.

Executive Director’s Report: To complement the Bridging the Economic Divide forums held in the previous months, we will be hosting an online version of the deliberative dialogue in the next few weeks. For CAN partners including the DSC and Community Council we will have some Equity trainings, developed by the Texas Center for the Elimination of Disproportionality and Disparity, in October. On November 2 the Regional Summit, focused on transportation and workforce development, will take place in San Marcos. This month Community Council will continue to look at different person centered care approaches with Stephanie Hayden, Deputy Director of Austin Travis County Health and Human Services, and Becky Pastner, Program Officer at St. David’s Foundation Healthy Living & Capacity Building program, as well as Mission Capital, to talk about how nonprofits are funded and how that can impact their ability to provide services in a person centered way. In October the Council will have an event to highlight and discuss the best ideas we have heard this year, giving the opportunity to clients to share their experiences on the difference it makes from their perspective when care is provided in a person centered manner.

Follow-up “We are safe, just and engaged”:

In the July DSC meeting, a number of questions were raised about the data for the proposed Volunteering indicator regarding methodology, margin of error, and demographics. Interviews are carried out in person if possible, or by telephone. The dataset is a national dataset consisting of 60,000-72,000 data points. Small sample sizes such as this result in unacceptable margins of error. The only geographies available are national, state, and major cities (Austin, Dallas, Houston, and San Antonio). Breakdowns in terms of age, race, or sex are not available. The DSC determined that these issues were sufficient to preclude the indicator’s inclusion in the Dashboard. The indicator might be revisited if data that can sufficiently address these issues is found.

Recommendations from “Our Basic Needs Are Met” subcommittee

A subcommittee composed of Caitlin D’Alton, from Capital Metro, Marianna Gomez, from Central Health, and Jonathan Tomko, from the City of Austin NHCD, met to discuss the indicators in this section and determine if any additions or deletions would be appropriate. In previous DSC meetings, the question of whether Vehicle Miles Travelled (VMT) adequately addresses the vision statement for transportation, in terms of safety, accessibility, and reliability, has been raised. After evaluating VMT together with a number of other possible indicators, the subcommittee recommended removing VMT from the indicator list. In its place, the subcommittee recommended adding “Percent who drove alone to work”. This indicator would compare the percent of workers who drove alone to work, with the percent of workers who used alternate means such as carpooling, public transportation, walking, biking, or working from home. “Percent who drove alone to work” would be based on ACS data, consisting of a sample size of over 2 million data points, available for national, state, county and city levels, and available broken down by race/ethnicity and sex.

- A motion to remove VMT, and add “Percent who drove alone to work” to the “Our Needs Are Met” section was made by Marianna Gomez and seconded by Stephanie Hawley. The motion was passed unanimously.
- For the next DSC meeting, CAN staff will prepare drill downs for “Percent who drove alone to work” to compare geographies and breakdowns in terms of race, and provide margins of error for the data in order to set a target for the new indicator.

“We are healthy” section review: The DSC began by discussing the vision statements. The first vision statement, “We live, work, learn, and play...”, might need amending, especially since the indicator (Air Quality) doesn’t accurately address each part of the language in the vision statement. Safe and healthy are two different things, and safety is covered in other indicators, perhaps not well, so this can be an opportunity to address safety, or it could be an opportunity to amend the vision statement to make it more specific. There is a concern that removing the Air Quality indicator will also cause a loss of valuable information from the drilldown, however, the indicator could be more useful if instead of saying whether we are at attainment or not, it would show what the contaminant level is. Air Quality is important because if we fall out of attainment, it will result in funding cuts that could potentially cost billions of dollars in lost grant revenue. If the words “accessible, safe, clean” are removed from the vision statement, then we have something that is more closely concerned about “healthy physical environments”, and gets at the external factors (such as infrastructure or the surrounding environment) that affect health. This way we have a vision statement that addresses external factors, and another that addresses internal factors. Possible sources for new indicator: CHA/CHIP planning, Healthy People 2020, the Green and Healthy Homes Program. Without knowing what indicator we will use to address the vision statement, it’s challenging to determine the wording for the vision statement.

Second vision statement, “We have adequate nutrition, and achieve...”: One topic that has been discussed previously is the number of indicators in this section (5), and whether the number can be reduced. The possibility of dropping either the Smoking indicator or the Obesity indicator was brought up, but this is not recommended because City of Austin and Central Health have partnered together to cooperate on the Healthy ATC Collaborative which focuses on improving a number of indicators including Obesity and Smoking. However, there was some agreement around the idea that CAN might want to include metrics that other organizations already report/publish indicators for in the online Drilldowns instead of on the Dashboard (where CAN would essentially be adopting another organization’s indicator). While evaluating the indicators to be included in this list, one of the things we want to think about is, of all the indicators we are looking at, are these the best ones (in terms of the things that are bubbling up now)? Childhood obesity, diabetes, hypertension, or combinations of these increase risk factors for other health conditions. It was also pointed out that there has been criticism voiced in the past for not including a substance abuse indicator. Childhood obesity is of particular interest to a number of committee members. The Health Insurance indicator might be a good candidate to remove for several reasons, including recent legislation (which is making us reach the maximum number of insurance purchasers beyond where improvements would be minimal), as well as the large un-coverable population who does not qualify for coverage. The question of whether we are at the level where we are not expecting to see any changes in this indicator was brought up, and Marianna Gomez from Central Health remarked that according to her calculations, we might reach a max around 2018, after which the rate may decrease by fractions of a percent. It does, however, still have a downward trend, and it has allowed us to tell a great story involving 211 and Central Health. Through a combination of one-on-one and subcommittee discussion, CAN will look at proximity to parks, trails, grocery stores, health, and environmental indicators to possibly include in this section. It would be a very powerful indicator if we can find a mental health/substance use combination because of the huge overlap in both groups, and because these two factors are also such drivers of overall healthcare costs.

- In order to determine the recommendations for this section, a sub-committee will be convened to take a closer look at the indicator options.

Adjournment: The meeting was adjourned at 3:23 pm.